



United States Environmental Protection Agency
Washington, DC 20460

Completion Form For Injection Wells

Administrative Information

1. Permittee

Address (Permanent Mailing Address) (Street, City, and ZIP Code)

2. Operator

Address (Street, City, State and ZIP Code)

3. Facility Name

Telephone Number

Address (Street, City, State and ZIP Code)

4. Surface Location Description of Injection Well(s)

State

County

Surface Location Description

____ 1/4 of ____ 1/4 of ____ 1/4 of ____ 1/4 of Section ____ Township ____ Range ____

Locate well in two directions from nearest lines of quarter section and drilling unit

Surface

Location ____ ft. frm (N/S) ____ Line of quarter section

and ____ ft. from (E/W) ____ Line of quarter section.

Well Activity

____ Class I

____ Class II

____ Brine Disposal

____ Enhanced Recovery

____ Hydrocarbon Storage

____ Class III

____ Other

Lease Number _____

Well Status

____ Operating

____ Modification/Conversion

____ Proposed

Well Number _____

Type of Permit

____ Individual

____ Area : Number of Wells ____

Submit with this Completion Form the attachments listed in Attachments for Completion Form.

Certification

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR

Name and Official Title (Please type or print)

Signature

Date Signed